

Liberty Alliance Workshop

Leveraging Collaboration and Advancing Health IT Interoperability

April 26, 2006

Vienna, VA

Panel Introductions

Marc Wine, GSA Intergovernmental Solutions
Division: " Collaboration and Knowledge Sharing,
Project Examples"

Bill Braithwaite, eHealth Initiative:
"Security & Privacy, Leveraging Public-Private
Partnerships"

Lammot du Pont, DHHS Office of the National
Coordinator for Health IT:
"Framework for Strategic Action NHIN, Fostering
Regional Collaborations"

GSA Office of Citizen Services and Communications
Intergovernmental Solutions Division

Presentation

“Health IT Collaboration and Knowledge Sharing, Project Examples”

by Marc Wine

Program Analyst, Health IT

GSA Intergovernmental Solutions Division

Mission Statement

The mission of the GSA Intergovernmental Solutions Division is to improve the delivery of government services to citizens by fostering a collaborative environment among federal, state, local, and foreign governments and intergovernmental organizations.

GSA Intergovernmental Solutions Division

Goals

1. To broaden the scope of collaboration within the Intergovernmental Community to maximize information sharing and exchange best practices for citizen services.
2. To increase awareness of emerging and existing e-government and intergovernmental initiatives and issues throughout the Intergovernmental Community.
3. Ensure that state and local governments are represented and participate in the President's e-government, Homeland Security and other high impact intergovernmental initiatives.

Learning Objectives:

1. Share Knowledge of strategies for implementing collaborative health IT projects.
2. Raise awareness of challenges facing large healthcare systems when implementing IT.
3. Identify examples of projects, benefits and lessons learned on collaboration for data and information exchange with high-performance health IT systems.

What is Driving Collaboration in Health IT?

- President Bush's commitment, an EHR for every American, April 2004
- HHS is the lead federal agency, 2004
- Huge estimated implementation costs, today

Conclusion: Health IT collaboration on standards for data interoperability, efficient solutions and knowledge transfer can potentially reduce the cost for deploying EHRs and other health information technologies substantially

The Challenge to Achieve Efficient Data and Information Exchange

Only about 15% of the market is using electronic health records which are often stored across disparate systems and are constantly needed by physicians, in remote medical offices, ERs, labs and hospitals.

The majority of the time, a clinician lacks a complete medical record of the patient

Achieving Public Trust for Adopting Efficient Health Information Technology Through Collaboration

“Technology must fit seamlessly into the existing ‘psychology of trust’ found in the healthcare world. The trust a patient holds on a healthcare provider helps build trust in new elements added to the healthcare system, leading to an attitude of... If my doctor trusts this new system, then I do too.”

“Each element of an interoperable system must be fully known to the public, its function clearly understood, and its mechanisms available for inspection. Explanation to the public must use straightforward language to create confidence and must acknowledge – not dismiss – doubt.”

-- Ending the Document Game,
Commission on Systemic Interoperability
October 25, 2005

Examples of Projects Fostering Collaboration

The Medicaid Information Technology Architecture

The Centers for Medicare and Medicaid Services (CMS) Medicaid Information Technology Architecture (MITA) is intended to foster integrated business and information technology transformation across the Medicaid enterprise to improve the administration of the \$300 billion Medicaid program.

- The MITA architecture framework is a consolidation of principles, business and technical models, and guidelines that combine to form a template for use by States to develop their own enterprise architecture.
- The MITA processes provide guidance for State Medicaid enterprises to use in adopting the MITA framework through shared leadership, partnering and reuse of solutions.
- The MITA planning guidelines help States to define their own strategic MITA goals and objectives and to develop tailored enterprise architectures that are fully consistent with the CMS expectations.

Examples of Projects Fostering Collaboration, cont.

MITA's common business and technology vision emphasizes

- Medicaid client-centric view not constrained by traditional organizational barriers.
- Common standards with, but not limited to, Medicare.
- Interoperability between State organizations that provide services to Medicaid clients within and across regions, as well as with other agencies involved in healthcare delivery.
- Web-based access and integration for data and information exchange.
- Software reusability and use of Commercial-off-the-Shelf (COTS) software.
- Integration of public health and clinical data.

Examples of Projects Fostering Collaboration, cont.

MITA Early Adopters

Collaboration is a core principle of MITA, and it is expressed through the MITA's early adopter effort -- State Medicaid agencies that volunteer to work with CMS and the MITA team on specific State projects. These relationships allow MITA to receive early feedback from States to engage on MITA.

For more information on MITA contact: Richard Friedman,
Director, Division of State Systems, CMS
richard.friedman@cms.hhs.gov

Examples of Projects Fostering Collaboration, cont.

North Carolina Healthcare Information and Communications Alliance (NCHICA)
Provider Access to Immunization Registry Securely Project (PAiRS):

The PAiRS Pilot Project consolidated immunization data from three independent databases (the North Carolina Immunization Registry, Blue Cross and Blue Shield of NC, and Kaiser Foundation Health Plan of NC) and allowed healthcare providers across North Carolina to access and exchange this data securely.

Examples of Projects Fostering Collaboration, cont.

NCHICA PAiRS Project Collaboration

The pilot project was made possible through the collaboration of the following government agencies, providers and IT vendors:

- North Carolina Department of Health and Human Service
Immunization Branch
- Blue Cross and Blue Shield of North Carolina
- EDS; A4 Health Systems; Peak 10; Initiate Systems; Kaiser Foundation Health Plans of North Carolina; /nSoftware; Quintiles Translational Corporation
- And other healthcare practices; local health departments and providers across the state.

Examples of Projects Fostering Collaboration, cont.

PAiRs Project Collaboration

- Prior to PAiRS, there was no existing consistent method for accurately assessing the immunization status of patients.
- PAiRs corrected fragmentation among systems with a state-of-the art integrated immunization registry.
- The project contained over 20 million records on 2 million children and was accessed securely from over 425 locations by over 2500 users.
- Access to PAiRS was delivered 100% through a web-based solution. The combined database was hosted on a Windows NT server.

Examples of Projects Fostering Collaboration, cont.

Lessons Learned from the PAiRS Pilot Project

- The clinical champion of the project was the Secretary of the NC Department of Health and Human Services who was a pediatrician, gaining strong support from the pediatric clinical community.
- The project proved cost-effective, total state outlay \$79,000 annually after a 3 year demonstration.
- For identity authentication Digital certificates must be portable to be used in clinical settings, where mobile providers move among different machines.
- Collaborate with a broad range of state-based organizations to ensure appropriate statewide leadership and consensus for change.

Examples of Projects Fostering Collaboration, cont.

Leveraging the PAiRS Pilot Lessons Learned

- The State acquired a state-of-the-art registry system built by the State of Wisconsin, with modifications made for NC based on the lessons learned in the PAiRS pilot.
- The Southern Governors Assoc. Task Force endorsed the idea of using the secure exchange of childhood immunization records as a first step in providing better healthcare across the entire region and for supporting regional interoperability.

For more information on the NCHICA PAiRS Project contact: Holt Anderson, CEO of NCHICA, holt@nchica.org

Examples of Projects Fostering Collaboration, cont.

Los Angeles County, CA - Public Health Information Network (LACPHIN)

LACPHIN is a developing Operational Data Store (ODS), an architecture based upon the Public Health Information Network (PHIN) initiative. This coordinated the county public health system with standards on surveillance for bioterrorism, control of disease outbreaks and the tracking of epidemiological information.

- This initiative was created to support consolidation of critical clinical and public health data for exchange across diverse individual IT systems.
- The adoption and integration of knowledge-based decision support systems such as a Data Warehouse, Business Intelligence toolset, and use of a central master person identifier were included.

Examples of Projects Fostering Collaboration, cont.

Collaborative Benefits of the L.A. County Public Health Information Network Initiative

- Integration of multiple systems that support communications for public health labs, the clinical community, and state and local health departments.
- Improved access and lab data exchange.
- Advanced capabilities for rapid notification of public health partners, emergency response agencies and the media.

Examples of Projects Fostering Collaboration, cont.

Benefits L.A. County Public Health Information Network

- Enhanced capability to train public health staff and uniform data exchange standard for exchanging data between the public health partners.
- Real-time collection of data from multiple systems.
- Web-based portals for access and enhanced communications of critical public-interest information to the community in general.

For more information on the L.A. County Public Health Information Network contact: David Cardenas, L.A. County Public Health dcardenas@ladhs.org

Additional Information and References

“Ending the Document Game: Connecting and Transforming Your Healthcare Through Information Technology,” October 25, 2005, The Commission on Systemic Interoperability, authorized by the Medicare Modernization Act and established by the Secretary of DHHS <http://endingthedocumentgame.gov/report.html>

GSA Intergovernmental Solutions Division www.gsa.gov/intergov
Click on Link, *What's New: “The Health IT Sharing Project,”*
Healthcare Informatics Online, March 2005

“Massive Collaboration Needed for Health Care IT Interoperability,” Governmental Computer News, May 2005
<http://www.gcn.com/online/vol1/35750-1.html>

Panel Discussion, Questions and Comments

